



Form 2020
Revised 05/2010

Advice of Personnel Action

Member Information

Member Name:	Member ID:
Employment Begin Date:	
The Employment Begin Date represents the date the member's employment began with your agency.	
Eligibility Date:	
The Eligibility Date represents the date the member became eligible to contribute to KRS.	
Employment End Date:	
The Employment End Date represents the date the member terminated employment.	

Employer Information

Employer Name:	
Employer Code:	Phone Number:

Signature of Agency
or Authorized Official:

Date: _____

Title:

Please provide any comments below.

**Kentucky Retirement Systems**

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 2001
Revised 04/2011

Membership Information**Member Information**

Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Date of Birth:	Home Phone:	Work Phone:	
Maiden Name:	Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name of Employing Agency:			
Date of Employment with Agency:		Other Name Under Which You May Have Been Previously Employed:	

Previous County, City or State Employment

Department or Agency	Position	From			To			Administrative Use		
		Month	Day	Year	Month	Day	Year			

Statement of Active Duty Military Service

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Certification

I understand that no benefits may be paid to me or my beneficiary until this completed form is filed at the retirement office.

Signature: _____

Date: _____



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Print Form

Form 2035
Revised 10/2011

Beneficiary Designation

Member Information Please provide your Member ID or Social Security Number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Member's Date of Birth:	Sex:		

Notice: This form is not valid unless it is completed correctly and received in the retirement office prior to the member's death.

The member and a witness must sign this form or it will not be accepted. You may name one or more individuals, your estate, or a trust as principal or contingent beneficiary of your retirement account. If you wish to name more than four individuals as principal or contingent beneficiaries, please contact our office. Your beneficiary designation may be changed at any time prior to retirement by filing a new Form 2035.

Principal Beneficiary Section: Please select one of the beneficiary types below by checking the appropriate box. The principal beneficiary will receive benefits in the event of your death.

☐ **Person**

You cannot name yourself as principal beneficiary. You also cannot name the same person as both principal and contingent beneficiary. If you name a single individual as beneficiary, that individual may be eligible for a lifetime benefit upon your death, depending on your total service credit. If you name multiple individuals, your estate or a trust, no lifetime benefit is available. If you name more than one individual as principal beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the principal beneficiary section should total but not exceed 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542.

1 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____	2 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____
3 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____	4 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____

☐ **My Estate**

If you name your estate as a principal beneficiary, you cannot name a contingent beneficiary. No additional information required.

☐ **Living Trust**

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:	Date of Trust:
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.		
Name:	Phone:	
Address:	City:	State: Zip Code:

☐ **Testamentary Trust**

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

Contingent Beneficiary Section: Please select one of the beneficiary types below by checking the appropriate box. The contingent beneficiary will receive benefits in the event of your death only if all of the named principal beneficiaries are deceased.

☐ **Person**

You cannot name yourself as contingent beneficiary. You also cannot name the same person as both principal and contingent beneficiary. If you name more than one individual as contingent beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the contingent beneficiary section should total but not exceed 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542.

1 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____	2 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____
3 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____	4 Name: _____ %: _____ Social Security Number: _____ Sex: _____ Date of Birth: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip Code: _____

☐ **My Estate**

If you name your estate as a principal beneficiary, you cannot name a contingent beneficiary. No additional information required.

☐ **Living Trust**

The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:	Trust Tax ID:	Date of Trust:
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.		
Name:		Phone:
Trustee Address:	City:	State: Zip Code:

☐ **Testamentary Trust**

A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.



This form is not valid unless signed by the member and witnessed. Please ensure that you have only checked one beneficiary type box in the principal beneficiary section and one beneficiary type box in the contingent beneficiary section. If you select more than one beneficiary type in either section, this form will be considered invalid. Please initial all corrections you have made to the form. Failure to initial changes may cause the form to be invalid.

Your Signature:	Member ID:
Witness Signature:	Date: